

<div style="display: flex; justify-content: space-between;"> <div> E </div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. 04/854474 </div> <div> FILING DATE </div> </div>						
APPLICANT(S)						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7		1				
8		2				
9		2				
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30	1					
31	1					
32	1					
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TOTAL IND.	6					
TOTAL DEP.	50					
TOTAL CLAIMS	56					

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